2013-14 NOTARIZED STATEMENT OF EDUCATIONAL PURPOSE

STUDENT: ___________________________________________  STUDENT ID#: ___________________

Please re-write the statement in the box on the lines provided below, and have this form notarized.

Please be aware that by doing so, you are certifying that you will use any federal, state, and/or institutional financial aid awarded only for the purpose of paying the cost of attending the University of Bridgeport during the 2013-14 academic year.

I certify that I [Print Student’s Name], am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Bridgeport for 2013-2014.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student’s Signature ___________________________________________  Date ____________________________

State of ___________________________  City/County of ____________________________

On ____________ , before me, ____________________________ personally appeared

(Date)  ____________________________  (Notary’s Name)

_________________________ and provided to me on basis of satisfactory evidence of identification

(Printed name of signer)  ____________________________

_________________________ to be the above-named person who signed the foregoing instrument.

(Type of government-issued photo ID provided)

WITNESS my hand and official seal ____________________________

(seal)  ____________________________  (Notary Signature)

My commission expires on ____________________________

(Date)